| | ACORD CERT | IFICA OF LIA | BILITY I | NSUF. | NCE | 03/24/99 | | |
|----------|---|--|--|--|--|--|--|--|
| S | obuces pender-Kinney, Inc | s. sk | ONLY A | ND CONFERS N | SUED AS A MATTER TO RIGHTS UPON THE CATE DOES NOT AM | OF INFORMATION | | |
| 8: P | 29 Goethals Drive . Box 70 | | ALTER T | HE COVERAGE | AFFORDED BY THE P | POLICIES BELOW. | | |
| | iland, WA 99352 | 2 | | INSURERS | AFFORDING COVERAG | GE . | | |
| INS | WRED H Smith Distribut | ing Co Ing | the second secon | | nternl, Speci | | | |
| | O Box 473 | ing co inc. | | ommerce a | nd Industry 1 | Insurance Co | | |
| | randview, WA 9893 | 0 | INSURER O: | | | | | |
| | | | INSURER E: | | 4444 | The state of the s | | |
| | VERAGES | | | | | | | |
| A! M | NY REQUIREMENT, TERM OR CON NY PERTAIN, THE INSURANCE AFFO | BELOW HAVE BEEN ISSUED TO THE IDITION OF ANY CONTRACT OR OTHEI PROED BY THE POLICIES DESCRIBED I MAY HAVE BEEN REDUCED BY PAID CL | R DOCUMENT WITH HEREIN IS SUBJEC AIMS. | T TO ALL THE TE | ICH THIS CERTIFICATE MA RMS, EXCLUSIONS AND CO | AY BE ISSUED OR | | |
| LTE | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE | POLICY EXPINATION | LIM | ITS | | |
| A | GENERAL LIABILITY | 2676594 | 02/15/99 | | EACH OCCURRENCE | \$1,000,000 | | |
| | X COMMERCIAL GENERAL LIABILITY | • | | | FIRE DAMAGE (Any one fire | | | |
| | X BI/PD Ded:2,500 | | | | MED EXP (ANY ONE PERSONAL & ADV INJURY | \$5,000 | | |
| | 3 11/12 11(1) | | | 4 | GENERAL AGGREGATE | \$2,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS-COMP/OF AG | | | |
| | ANY AUTO | | | | COMBINED SINGLE LIMIT | 9 | | |
| | ALL OWNED AUTOS SCHEDULED AUTOS | A CONTRACTOR OF THE CONTRACTOR | | | BODILY INJURY (Per person) | 5 | | |
| | HIRED AUTOS | | | | BODILY INJURY (Peraccident) | 3 | | |
| | | | | | PROPERTY DAMAGE (Peracoldent) | s | | |
| | GARAGE LIABILITY | | | | AUTO ONLY- EA AGGIDENT | 1 | | |
| | ANYAUTO | | | | OTHER THAN EA ACC | | | |
| | EXCESS LIABILITY | | | | EACH OCCUPRENCE | \$ | | |
| | OCCUR CLAIMS MADE | | | | AGGREGATE | 9 | | |
| | | | | | | 5 | | |
| | DEDUCTIBLE | | | | | 5 | | |
| | WORKERS COMPENSATION AND | | | | WC STATU- OTH | - | | |
| | EMPLOYERS' LIABILITY | | | | E.L. EACH ACCIDENT | 3 | | |
| | | | | | E.L.DISEASE-EAEMPLOYEE | S | | |
| - | ATT VED | 00000000 | | | E.L. DISSASE-POLICY LIMIT | 3 | | |
| В | Pollution Liab. | ST7786533 | 02/15/99 | 02/15/00 | \$1,000,000 | .==:1:1: | | |
| DES | CRIPTION OF OPERATIONS/LOCATIONS | SVEHICLES/EXCLUSIONS ADDED BY END | DORSEMENT/SPECIAL | LPROVISIONS | \$50,000 Dedu | ICCIDIE | | |
| | | ose as of inception listed locations - | | | y endorsed. | | | |
| | | | | | | | | |
| Estate 1 | | | 220000 | · 杂次 | | | | |
| CEF | TIFICATE HOLDER ADD | OTTONAL INSURED; INSURER LETTER: | CANCELLATI | | | | | |
| En | romental Protect | tion Agency | | | D POLICIES BE CANCELLED BI ER WILLENDEAVOR TO MAIL | 4 | | |
| and die | | | 1 | | NAMED TO THE LEFT, BUT FAIL | | | |
| | | | | IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INBURER, IT'S AGENTS OR | | | | |
| | | | REPRESENTATI | | 1 | £ 21 | | |
| | | | AU (HUMIZED RI | EPPESENTATIVE | of Kimi | | | |
| CC | RD 25-S (7/97)1 of 2 | #S37605/M37604 | | Comment of | SLE & ACORD | CORPORATION 1988 | | |

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the Issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

10:53AM

This endorsement, effective 12:01 A.M. 02/15/99 forms a part of Policy Number ST7786533 issued to R. H. Smith Distributing Company, Inc./PLIA by Commerce and Industry Insurance Company

It is hereby agreed that Item 5 of the Declarations, Covered Location(s) and Item 6 of the Declarations, Covered Underground Storage System(s) and or Aboveground Storage Tank(s), shall include only the following:

| Store # | Address | Tank# | Capacity | Age | Retro Date |
|---------|---|---------------|--------------------------|----------------|----------------------------------|
| 1 | 304 Mead Avenue Yakima, WA | 1,2 3 4 | 10,000 4,000 6,000 | 13 19 19 | 05/19/90 05/19/90 05/19/90 |
|) | 520 East Columbia Drive Kennewick, WA | 1,2,3,4 | 10,000 | 17 | 05/19/90 |
| 3 | 508 North Fourth Ave. Pasco, WA | 1,2 | 10,000 6,000 | 20 20 | 05/19/90 05/19/90 |
| 4 | 301 North First Yakima, WA | 1,2,3,4 | 10,000 | 17 | 05/19/90 |
| 5 | 1023 South Third Yakima, WA | 1,2,3 | 12,000 | 17 | 05/19/90 |
| 5 | 3508 Fruitvale Blvd. Yakima, WA | 1,2 | 12,000 10,000 | 6 | 05/19/90 05/19/90 |
| 7 | 315 East Wine Country Road Grandview, WA | 1 2,3 4 | 8,000 4,000 6,000 | 26 26 26 | 05/19/90 05/19/90 05/19/90 |

SEDGWICK OF PENNSYLVANIA, INC. PO. BOX 1675

HARRISRURG PA 17105

AUTHORIZED REPRESENTATIVE

60298 (5/94)

R. H. Smith Distributing Company, Inc./PLIA

SITE SCHEDULE

| Store # | Address | Tank# | Capacity | Age | Retro Date |
|---------|--|-----------------|----------------------------|----------------------|----------------------------------|
| 8 | 1503 Highway 97 Ellensburg, WA | 1,2 | 10,000 8,000 | 10 10 | 05/19/90 05/19/90 |
| 9 | 102 East Toppenish Ave. Toppenish, WA | 1 2 3 | 8,000 6,000 4,000 | 25 25 25 25 | 05/19/90 05/19/90 05/19/90 |
| 10 | 608 Wine Country Road Grandview, WA | 1 2 3 | 16,000 6,000 6,000 | 7 26 21 | 05/19/90 05/19/90 05/19/90 |
| 11 | 1909 Court Street Pasco, WA | 1,2 | 8,000 | 13 | 05/19/90 |
| 12 | 4205 Kennedy Road West Richland, WA | 1 2 3 | 10,000 12,000 8,000 | 3 3 3 | 05/19/90 05/19/90 05/19/90 |
| 13 | 1100 Area, Bldg. 1172A Hanford, WA | 1,2 | 20,000 | 4 | 05/19/90 |
| 14 | 1100 Area, Bldg, 6291 Hanford, WA | 1,2 | 20,000 | 4 | 05/19/90 |
| 15 | 33 Goethals Richland, WA | 1,2 | 12,000 | 5 | 10/28/94 |
| 16 | 815 West Columbia Drive Kennewick, WA | 1,2,3 4 5 | 10,000 10,000 13,000 | 6 38 7 | 03/21/94 |

SEDGWICK OF PENNSYLVANIA, INC. P.O BOX 1675 HARRICEURG, PA 17105

AUTHORIZED REPRESENTATIVE

NO.942

R. H. Smith Distributing Company, Inc./PLIA

SITE SCHEDULE

| Store # | Address | Tank# | Capacity | Age | Retro Date |
|---------|-------------------------------------|-------|-------------------------|--------------|----------------------------------|
| 17 | 33 South Garfield Kennewick, WA | 1 2,3 | 12,000 4,000 | 18 18 | 03/23/94 |
| 18 | 509 Ninth Street Benton City, Wa | 1 2 3 | 8,000 8,000 4,000 | 18 7 7 | 03/23/94 03/23/94 03/23/94 |
| | | 9 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SEDGWICK OF PENNSYLVANIA, INC. P.O. BOX 1675 HARRISBURG, PA 17105

AUTHORIZED REPRESENTATIVE

60298 (5/94)